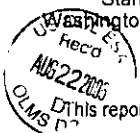


LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT



For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13258</u>	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Virgil W KLOTH</u> P.O. Box, Bldg., Room No., if any <u>Suite 201</u> Street <u>625 West 39th Street</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64111</u>	4. Name, file number, and address of labor organization. Name <u>CARPENTERS DISTRICT COUNCIL OF KANSAS CITY AND VICINITY</u> Labor Organization File Number <u>626-389</u> P.O. Box, Building and Room Number, if any <u>Suite 201</u> Street <u>625 West 39th Street</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64111</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing <u>VIRGIL W. KLOTH</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>CARPENTERS District Council of Kansas City Apprenticeship TRAINING FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>105 WEST 12th AVENUE</u></p> <p>City <u>NORTH KANSAS CITY</u></p> <p>State <u>MISSOURI</u> ZIP Code + 4 <u>64116</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Apprenticeship and Journeyman Upgrade Training</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>\$2,255,100</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>Attended Apprenticeship Completion Dinner with Spouse on October 23, 2004</u></p> <hr/> <p>12.b. Amount. <u>\$80</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>N/A</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment _____</p>